237 Coliseum Dr., Macon, GA 31217 (844) 753-7825

USED MOTOR VEHICLE PARTS LICENSE INFORMATION

Before you apply for a Parts License, read this section:

Please allow 15 business days to process your application

- LAWS & RULES Review the Laws and Rules at www.sos.ga.gov/plb/usedcar.
- BUSINESS LOCATION Does your local zoning allow you to operate the business at the proposed location? Check with your local authorities to be sure.
- **ZONING CERTIFICATION FORM** Must be completed by your local Zoning Authority and submitted with your application, or your application cannot be processed.

FINGERPRINTS -

- New GBI security requirements state that applicants must have an application on file with the Board <u>BEFORE</u> they can be fingerprinted. For fingerprint scanning, you <u>MUST</u> preregister at: https://www.aps.gemalto.com/ga/index.htm or via phone 1-888-439-2512. If registering online, select <u>Secretary of State (SOS)</u>, and <u>USED MOTOR VEHICLE LICENSE</u> where prompted. The fields should auto-populate with this information: ORI number GA922400Z / Verification Code 922400Z / Reason for Printing Used Motor Vehicle Dealer License.
- FEES Application and license fees are non-refundable and must be submitted along with the application.
- **EMAIL ADDRESS -** Provide your email address this is the main communication used by board staff. It will not be shared with anyone else and is for the Board and Board staff's use only for communication with you.
- **CHANGE IN CONTACT INFORMATION -** Notify the Board if your email address or other contact information changes. Otherwise, you may miss notifications and messages from the Board or Board staff.

Submit the following with your Used Parts Dealer License Application:

- AN ORIGINAL \$10,000 SURETY BOND
 - o Bond must expire on December 31st of odd years. (Example: 12/31/2019)
 - o Bond must be in the exact name and physical address as appears on application.
 - Bond must have signed Power of Attorney form attached.
 - Bond must be signed (keep a copy for your records).
- AN ORIGINAL CERTIFICATE OF INSURANCE
 - List policy number (WE WILL NOT ACCEPT A BINDER NUMBER).
 - List amount of limits (50K/100K/25K).
 - List LOCATION in exact name and physical address as appears on application.
 - List CERTIFICATE HOLDER as State Board of Registration of Used Motor Vehicle Parts, 237 Coliseum Dr., Macon, GA 31217
- □ PHOTOS of established place of business which clearly show:
 - Outside of building
 - Signage showing the name of business
 - Inside of office (desk, filing cabinet, landline phone, etc.)
 - Other photos that demonstrate to the Board that your facility is in compliance with rules for established place of business.
- □ SECURE & VERIFIABLE DOCUMENT such as your Driver's License or Passport. A complete list of acceptable Secure and Verifiable Documents may be found on the Board's website: http://sos.ga.gov/admin/files/svd2013.pdf
- □ Affidavit of Citizenship
- □ FEES as outlined in the fee schedule and noted on the application
- □ Your NMVTIS Identification Number
- □ A copy of your SALES TAX APPLICATION (apply for a sales tax number with the Dept. of Revenue)
- □ Any CERTIFIED COURT FINAL DISPOSITIONS as required if "YES" is answered to Question #9 on Page 5.

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REGULATED METALS RECYLCING LAWS

For additional information on Secondary Metals Recyclers, visit http://add123.com/jsi/georgia-faq.

Georgia recyclers are required to report certain information about the vehicles they handle to the state of Georgia. Auto Data Direct is the authorized agent through which affected Georgia businesses may report the required data.

These Georgia requirements affect scrap metal processors, secondary metal recyclers, or used motor vehicle parts dealers located within the state of Georgia, whether or not the person or business operates from a fixed location.

Under the new regulations:

- Secondary Metal Recyclers must register with their county sheriff.
- Secondary Metal Recyclers may no longer pay cash for purchases (other than in exempt transactions).
- Secondary Metal Recyclers may only purchase and sell Regulated Metal Property between the hours of 7:00
 A.M. and 7:00 P.M.
- Secondary Metal Recyclers must obtain and retain additional records regarding purchase transactions.
- Secondary Metals Recycler or licensed used motor vehicle parts dealers are required to use an online process
 to verify that there is not a security interest or lien on a purchased vehicle, upon the establishment of a lien
 check process.
- Secondary Metals Recycler or licensed used motor vehicle parts dealers will report NMVTIS data to the state of Georgia, and the state will be responsible for reporting required data to NMVTIS.

The law may apply to any person who buys or sells any scrap metal, whether they are a scrap metal processor, secondary metal recycler, or used motor vehicle dealer or parts dealer or a towing or wrecker business buying or selling scrap metal.

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FEE SCHEDULE

Send check or money order payable to Used Parts Dealers Board .			
\$150.00	Initial Application Fee. (Non-Refundable)		
\$400.00 (\$150.00 initial application fee + \$250.00 penalty fee)	Fee for operating prior to receiving license (unlicensed practice)		
\$150.00 on-time renewal fee	Renewal fee on or before December 31 of the renewal year (Non-Refundable)		
\$225.00 late renewal fee	Renewal after December 31 and before March 1 following the expiration of the license (Non-Refundable). Renewal on or after March 1st requires new application to be submitted for reinstatement of license.		
Lapsed License (for non-renewal)	On March 1st following the expiration of the license. A lapsed license will require submission of a new application and fee in order for the license to be reinstated.		
\$400.00 Reinstatement fee	Reinstatement fee for a lapsed license (Non-Refundable)		
\$25.00	Replacement or duplicate license card fee (or you may print these from the website at no cost)		
\$35.00	License Verification Letter		
\$100.00	Roster of Licensed Used Motor Vehicle Parts Dealers (Excel Spreadsheet provided via email or CD)		

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USED MOTOR VEHICLE PARTS DEALER LICENSE APPLICATION

	DO NOT WRITE IN THIS SECTION RECEIPT # AMOUNT APPLICANT # INITIAL DATE	
Α(GE POOL OPERATOR	

			"""	L D/(I L
I am applying for the	following type of license:			
INITIAL AI	PPLICATION		NEW SALVAGE PO	OOL OPERATOR
REINSTA	TEMENT OF LICENSE # UP		LICENSE FOR ADI	DITIONAL LOT
CHANGE	OF DESIGNEE (Requires Letter of	f Release Of Former Desigi	nee)	
My type of busine	ess is: (check all that apply)			
DISMANT	LER & SALVAGE YARD DEALE		REBUILDER	PARTS DEALER
Phone # for Inspecto	ors to call to schedule prelimina	ary inspection:		
TRADE NAME / DBA	NAME		FEI#	
	LICENSE HOLD	ER ("DESIGNEE") INFO	DRMATION	
	rized as License Holder for the De orized on the Affidavit of Authorization of			
Residence Address of Lic	censee Holder ("Designee")	City, State, Zip	County	
Male F	emale// Date of Birth	Place of Birth		
	orized to be obtained and disclosed and 20 U.S.C.A. § 1001.	· ·	es pursuant to O.C.G.A. §	
	BUSINES	SS CONTACT INFORMA	ATION	
MAILING ADDRESS	Street Address or P.O. Box	City, State, Zip	County	
PHYSICAL LOCATION AE The physical address must	DDRESS Street Address (No P.O. B be reflected on Certificate of Insurance			on the website.
EMAIL ADDRESS (require	ed – for board notifications only; will not b	e shared with third parties)	BUSINESS TELEPHONE	NUMBER

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

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		-	
• .	nust be answered by the person a st answer the questions. Attach ad	•	the business. If the business is a sole or explanations.
proprietorship, owner mu	st answer the questions. Attach ad	iditional pages if needed to	r explanations.

1.	My sales tax number is, or attach a copy of your sales tax registration ap	plicatio	n.
2.	My NMVTIS Identification Number is: Be sure to review information abou Georgia Secondary Metals Recycling Law on Page 2 and at http://add123.com/jsi/georgia.		
3.	I understand that I must maintain the records required by the Board Rules for 3 years and have them available at all times for inspection.	Yes	No
4.	Does another business operate at the location listed on this application? If so, explain:	Yes	No
5.	Has the Designee, or anyone else holding an ownership or financial interest in this business, <u>previously been</u> <u>licensed</u> as an independent used motor vehicle dealer? If so, provide name of person, name of business, and period of licensure:	Yes	No
6.	Has the Designee, or anyone else holding an ownership or financial interest in this business, ever held an interest in an independent used motor vehicle dealership? If so, provide name of person, name of business, and period of licensure:	Yes	No
7.	Has the Designee, or anyone holding an ownership or financial interest in this business, ever had a <u>license</u> <u>revoked, suspended, or otherwise sanctioned</u> by any board or agency? If yes, provide name of person and explanation:	Yes	No
8.	Has the Designee, or anyone holding an ownership or financial interest in this business, ever been <u>denied</u> <u>issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license</u> by any board or agency in state, including Georgia? If yes, provide name of person and explanation:	Yes	No
9.	Has the Designee, or anyone holding an ownership or financial interest in this business, ever been convicted of , pled nolo contendere to , or received First Offender Treatment for a crime ? If yes, provide a complete list of all convictions, nolo contendere pleas, or crimes for which First Offender Treatment was given. Detail dates and locations where such convictions, nolo pleas, or First Offender Treatments occurred. Include certified court final dispositions. Failure to provide complete and true information as requested allows the Board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)), or if a license is issued because of failure to provide complete and true information, the Board may immediately suspend that license(O.C.G.A. § 43-47-8(I)).	Yes	No

Designee's Name:

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OWNERSHIP/RELATIONSHIP INFORMATION

SOLE PROPRI	ETORSHIP		
OWNER NAME:		Tel	ephone:
RESIDENCE:			
	Street (Not A P.O. Box)	City, State, Zip	Code
CORPORATION	NS & LIMITED LIABILITY	COMPANIES	
LEGAL NAME OF	BUSINESS:		
DATE REGISTER	ED WITH GA SECRETARY OF	STATE:	
PRINCIPAL OFFI	CERS OR MEMBERS (Attached	d Additional Pages If Needed):	
Name:		Title:	Telephone:
Residence:			
	Street (Not A P.O. Box)	City, State, Zip Code	
Name:		Title:	Telephone:
Residence:			
	Street (Not A P.O. Box)	City, State, Zip Code	
Name:		Title:	Telephone:
Residence:	Otrock W. (A D O D)	Other Other 7th Order	
	Street (Not A P.O. Box)	City, State, Zip Code	
PARTNERSHI	PS		
PARTNERS:			
Name:		Title:	Telephone:
Residence:			
	Street (Not A P.O. Box)	City, State, Zip Code	
Name:		Title:	Telephone:
Residence:			
	Street (Not A P.O. Box)	City, State, Zip Code	
Name:		Title:	Telephone:
Residence:	Street (Not A P.O. Box)	City, State, Zip Code	
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For a Corp	oration or Limited Liabil	ity Company	For I	Partnership
I,President	or Secretary of Corporation or	LLC ,	We, the below named partne	ers, hereby name
Name of Designee as the Designated Agent for the Corporation or LLC that appears on this application for licensure. This Affidavit gives the Designee all rights and responsibilities of a license holder on behalf of the Corporation or LLC and shall provide that actions or omissions of the Corporation or LLC, its officers, members, employees, agents, assigns, or designees in violation of the Used Motor Vehicle Dealers Act or in violation of the Used Motor Vehicle Parts Dealers Board Rules shall subject the license holder and the Corporation or LLC to any sanctions which may be imposed under the Used Motor Vehicle Dealers Act or under the Used Motor Vehicle Dealers Board Rules. I understand that should the Designated Agent terminate employment or otherwise become unauthorized to hold the license, submission of a new application will be required to change the Designee.		as the Designated Agent for appears on this application of the Designee all rights and ron behalf of the Partnership omissions of the partnership agents, assigns, or designed Vehicle Dealers Act or in vio Parts Dealers Board Rules of and the partnership to any sunder the Used Motor Vehicle Parts Dealers We understand that, should	es in violation of the Used Motor plation of the Used Motor Vehicle shall subject the license holder canctions which may be imposed ble Dealers Act or under the Used a Board Rules. If the Designated Agent terminate become unauthorized to hold the	
Change the De	signee.		Signature: Partner	 Date
Signature: Preside of Corporation or I		Date	Signature: Partner	Date
Signature: Design	nee of Corporation or LLC	 Date	Signature: Designee	Date
NOTARY:	State of County of Subscribed and Sworn to this day of	before me		ATTACH PHOTO OF DESIGNEE
SEAL	Notary Public Signature:Mv Commission Expires:			DESIGNEE

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AFFIDAVIT OF CITIZENSHIP

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, the Board may suspend my registration without a prior hearing. I shall be entitled to a hearing after the suspension of my registration.

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By signing this application, electronically or otherwise, I hereby sweat to O.C.G.A. § 50-36-1:	ar and affirm one of the following to be true and accurate pursuant
1) I am a United States citizen 18 years of age or older. Ple Secure and Verifiable Document(s) such as driver's license, passpor http://sos.ga.gov/admin/files/svd2013.pdf.	
2) I am not a United States citizen, but I am a legal permana qualified alien or non-immigrant under the Federal Immigration and issued by the Department of Homeland Security or other federal immigration document(s) which includes either your Alien number or	Nationality Act 18 years of age or older with an alien number nigration agency. Please submit a copy of your current
STATE OF GEORGIA COUNTY OF	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	SIGNATURE OF DESIGNEE
, DAY OF,	PRINT NAME
NOTARY PUBLIC	DATE

MY COMMISSION EXPIRES:

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ZONING CERTIFICATION USED MOTOR VEHICLE PARTS DEALER THIS IS TO CERTIFY THAT Dealership Name: Owner(s): Street Address City, State, Zip has met all zoning standards that are required to operate the proposed used motor vehicle parts dealer establishment in the county / city of _____ and that current zoning standards will allow a permanent sign on the property that apprises consumers of the dealership. SIGNATURE OF ZONING COMMISSIONER PRINTED NAME OF ZONING COMMISSIONER SWORN TO AND SUBSCRIBED BEFORE ME THIS ______ DAY OF _______, ______ NOTARY PUBLIC MY COMMISSION EXPIRES _____ **NOTARY SEAL**



237 Coliseum Dr., Macon, GA 31217 (844) 753-7825

BOND INFORMATION

Bond Number:	_ County:				
LICENSED LOCATION ADDRESS:					
KNOW ALL MEN BY THESE PRESENTS, that we,, as Principal, and, as Surety, are held and firmly bound unto HIS EXCELLENCY,					
Governor of Georgia, and his successors in office in the just and benefit of any purchasers of any used motor vehicle an truly to be made, we bind ourselves, our heirs, executors ar presents.	t sum of TEN THOUSAND AND d their vendees or successors in	NO/100 (\$10,000) n title, for the paym) DOLLARS, for nent of which, w	ell and	
It is further understood and agreed that this Bond is f	or a period beginning on the	day of	, 20	, and	
ending on the 31st day of December, 20		•			
Whereas, the above bound	, Principal a	and Dealer, has ma	ade		
application to the State Board of Registration of Used Motor used motor vehicle parts dealer in accordance with the laws and Used Motor Vehicle Parts Dealers: NOW THEREFORE, the conditions of this obligation damages, and expenses that may be sustained by any pure title, that may be occasioned by reason of any fraudulent mitoliens or titles of such used motor vehicle or part being sol effect. It is a further condition that every person entitled to the damages, or expenses occasioned by reason of any frauduto liens or titles of such used motor vehicle or part being sol damages, and expenses unpaid at the time of the commencifudgment for the sum due him/her. It is agreed that this Bond is executed pursuant to an seq, governing the registration of used motor vehicle dealer and shall be construed to be a Bond in compliance with the	are such that if the above bounthaser of any used motor vehicle is representations as to liens or add, then the bond is to be void, one protection of this Bond who has the protection as to lier dishall have the right to sue on the cement of such action and to protect in accordance with the provists and used motor vehicle parts requirements thereof.	stration of Used Moderation of Used Moderation of Used Moderation of Principal shall property of the part, his vendentials or by any the sortials or titles or by any this Bond for amounts of O.C.G.A. So dealers in Georgia	omptly pay all loses or successor ach of any warra emain of full force ursed for all losely breach of warrant of said loss, in to final execute ection 43-47-8(g, and is intended	alers oss, ors in anty as ce and s, ranty as cion and g) et d to be	
this, 20					
Licensee (Principal) Signature	Surety – Name of Co	mpany			
By Attorney-in-Fact	Address				
Countersigned:	_				

Bond must be signed. Power of Attorney must be submitted with Bond. Cancellation Clause – "No licensee shall cancel, or cause to be cancelled, a bond issued pursuant to the Code Section unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation." O.C.G.A. Section 43-47-8(i)